

Charles D. Baker
Governor

Karyn Polito
Lieutenant Governor



Marylou Sudders
Secretary

Monica Bharel, MD, MPH
Commissioner

The Massachusetts Prevention and Wellness Trust Fund 2015 Legislative Report

January 2016



from Capacity Building...

**PREVENTION
& WELLNESS**
TRUST FUND

...to Implementation

Executive Summary

This is the third annual legislative report on the activities of the Prevention and Wellness Trust Fund (PWTF). The PWTF is an innovative demonstration project that links health care to public health efforts and evaluates the effectiveness of this linkage in improving health outcomes and controlling costs.

This model has received national attention and has the potential to redefine health care delivery and to demonstrate the value of early prevention efforts in achieving the goals of improved health outcomes and lower health care costs.

This report summarizes the significant progress and lessons learned to date by the Massachusetts Department of Public Health (DPH; the Department) and partner organizations toward designing and implementing programs to achieve the goals outlined for the PWTF in Chapter 224 of the Acts of 2012 (Chapter 224).

As stated in the legislation, the PWTF will be used to achieve reductions in the prevalence of preventable health conditions and reductions in health care costs or the growth in health care cost trends. In addition, the Department is required to assess which groups benefitted from any reductions resulting from PWTF activities and whether worksite wellness initiatives played a role in these improvements.

Program Overview

The PWTF is funded through a one-time assessment on acute hospitals and payers totaling \$57 million. Under the law, PWTF funds must be allocated as follows: no less than 75% (\$42,750,000) must be expended for a grantee program; up to 10% (\$5,700,000) can be used for worksite wellness initiatives; and, no more than 15% (\$8,550,000) can be spent by DPH on administration and technical assistance for these initiatives.

The Prevention and Wellness Trust Fund goals are to:

- **Assist in meeting the health care cost growth benchmark goal of Chapter 224**
- **Reduce the rates of the most prevalent and preventable health conditions;**
- **Increase healthy behaviors;**
- **Increase the adoptions of workplace-based wellness or health management programs that result in positive returns on investment for employees and employers;**
- **Address health disparities; and/or**
- **Develop a stronger evidence-base of effective prevention programming.**

As described in detail in previous reports, the PWTF grantee program supports 9 partnerships across the Commonwealth. Each partnership includes clinical organizations (hospitals and community health centers), community based organizations, and at least one municipality. Each partnership has a coordinating partner responsible for the operations of the partnership and is the direct point of contact with the Department.



PWTF Matter of Balance Class

PWTF Partnerships

Barnstable Partnership

Coordinating Partner: Barnstable County
Department of Human Services

Berkshire Partnership for Health

Coordinating Partner: Berkshire Medical Center

Boston Partnership

Coordinating Partner: Boston Public Health Commission

Healthy Holyoke Partnership

Coordinating Partner: Holyoke Health Center

Lynn Partnership

Coordinating Partner: City of Lynn

MetroWest Partnership

Coordinating Partner: Town of Hudson

Quincy Weymouth Wellness Initiative

Coordinating Partner: Manet Community Health Center

Southeastern Health Initiative for Transformation (SHIFT) Partnership

Coordinating Partner: City of New Bedford Health Department

Worcester Partnership

Coordinating Partner: City of Worcester

The partnerships are addressing four priority conditions (pediatric asthma, older adult falls, hypertension and tobacco use) and three optional conditions (diabetes, obesity and substance use). The Prevention and Wellness Advisory Board selected these four priority conditions as a result of an extensive review process. The Advisory Board selected these conditions based on the following criteria:

- straightforward access to data to allow for evaluation of PWTF,
- strong evidence-base for health improvements, and
- the likelihood of a positive return on investment.

2015 First Full Year of Implementation

While last year was focused on capacity building, **2015 represents the first full year of implementation** for PWTF with a focus on:

- implementing evidence-based interventions
- utilizing quality improvement techniques to support effective interventions,
- improving community and clinical linkages including e-Referral.

Early Successes

During this first year of implementation:

- PWTF partnerships made over 4,000 referrals from clinical sites to community-based organizations, demonstrating the PWTF model of extending care into the community.
- Since March 2014, 10 e-Referral connections have been made with 547 referrals and 824 feedback reports.
- All 9 partnerships met a critical milestone required of grantees by making at least one of these referral connections electronically.

This process, referred to as “e-Referral,” allows clinical providers to refer directly from their electronic health records to community based organizations. Most notable to this process is that these community based organizations are then able to provide bi-directional feedback to the clinical site – again, directly into the electronic health record – about a patient’s participation in and completion of the intervention.

Increasing Support for Partnership Success

As implementation of interventions moved forward, it became clear that the partnerships would benefit from increased technical assistance and health condition specific expertise. Therefore, in the summer of 2015 DPH redesigned its grantee technical assistance and support model.

In addition to bringing on additional Subject Matter Experts and providing health condition specific Learning Sessions, the Department also doubled its staffing to provide more needed programmatic, fiscal and operational support for the partnerships. In addition, DPH provided for the training of over 300 partnership members to support the implementation of interventions.

DPH also strengthened its alignment with existing and ongoing DPH efforts addressing asthma, hypertension, older adult falls and tobacco and garnered the expertise of nationally renowned experts in the field who have experience implementing the PWTF interventions.



“I DIDN’T UNDERSTAND WHY HE KEPT GETTING SO SICK.

I HAVE LEARNED SO MANY NEW THINGS ABOUT ASTHMA TRIGGERS IN MY HOME WHICH WILL MAKE A BIG DIFFERENCE IN MY SON’S HEALTH. I KNOW ANLLY AND CASANDRA WILL CONTINUE TO BE THERE DOWN THE ROAD IF I HAVE ANY QUESTIONS.”

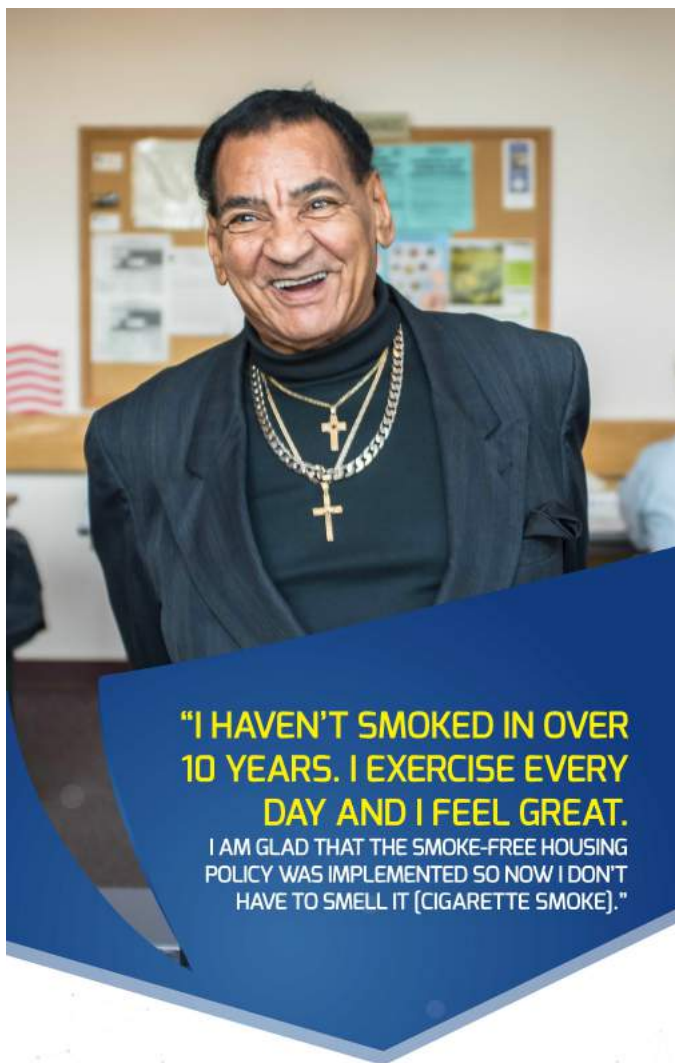
CHRISTIAN’S MOTHER

CHRISTIAN ENCARNACION | AGE 11 | LYNN MA
Priority Health Condition: Pediatric Asthma

Christian was referred to our program by his provider at Lynn Community Health Center. He has had multiple Emergency Room admissions in the past and his mother did not understand why he kept getting so sick despite taking his medications every day. Christian has not been to the ER since August and is feeling well enough to sign up for Basketball. He is excited to stay out on Halloween this year because he has been following his asthma action plan, taking his medicine and knows what to do if the cold night triggers his asthma.

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**"I HAVEN'T SMOKED IN OVER
10 YEARS. I EXERCISE EVERY
DAY AND I FEEL GREAT.**

**I AM GLAD THAT THE SMOKE-FREE HOUSING
POLICY WAS IMPLEMENTED SO NOW I DON'T
HAVE TO SMELL IT [CIGARETTE SMOKE]."**

JOHN LESLIE CLOSE | AGE 67 | LYNN MA
Priority Health Condition: Tobacco Use

John is a resident of Caggiano Towers where he has lived for several years. On October 1st of this year, all Lynn Housing Authority and Neighborhood Development (LHAND) properties became smoke-free. John has already noticed less smoke in his building and in the sitting area outside. He is happy not to smell cigarette smoke when he walks inside his building. LHAND managers teamed up with the local fire prevention experts and Massachusetts Tobacco Cessation and Prevention Program to help residents understand the safety and health risks associated with smoking inside residential buildings.

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Data Driven Quality Improvement

DPH utilizes a data driven quality improvement approach to support partnerships with intervention implementation. This year, DPH successfully extracted data directly from electronic medical records of the clinical sites participating in PWTF for creating quarterly feedback reports to assist with quality improvement.

Worksite Wellness

In terms of the Worksite Wellness initiative also required by ch 224, DPH has designed and implemented a training and capacity building program. This seed funding will support MA employers in implementing comprehensive, evidence-based worksite policies and programs that promote and protect the health of their employees. To date, 30 employers have signed on to the program.

DPH used information garnered from a 2014 survey and the Working on Wellness pilot to develop this program. Those initiatives demonstrated that businesses were interested in worksite wellness programs but needed support from experts, a community that offered opportunities for collaboration and financial resources to help launch a program. It was these findings that informed the current worksite wellness initiative.



PWTF Lessons Learned

This is a first-in-the-nation groundbreaking program. Massachusetts is paving the way on ensuring seamless access to clinical and community programs to prevent chronic disease. It is a model for other states and Massachusetts communities. But, being the first also means there is much to learn along the way.

Quality improvement is the bedrock of this project. PWTF evaluates not only the progress of the partnerships, but also its own infrastructure and the day to day support provided to the partnerships. PWTF strives to capture these lessons learned both to improve the existing program, as well as, document recommendations for others who want to follow in its footsteps.

As Massachusetts blazes the trail, others can learn from our successes and challenges.

Capacity building takes time.

As part of its original funding award, DPH gave the partnerships six to nine months to build their partnership structures, establish data-sharing agreements, and hire and train staff. Based on the partnerships' collective experience, capacity-building activities require at least a year. Further, it is important to take the necessary time since effective infrastructure development is the foundation for successful implementation of comprehensive systems change. In response, DPH provided additional flexibility to partnerships in meeting the capacity-building milestones which continued into 2015.

Flexibility to address community needs/conditions is essential for success.

DPH allowed the nine partnerships flexibility in the selection of conditions and interventions, in the timing of intervention roll outs, in the use of data collection tools by community partners and in determining the staffing needed to implement PWTF. This flexibility has helped partnerships leverage their strengths and perhaps has allowed them to implement some interventions more quickly.

At the same time, this flexibility has also required more time from the DPH technical assistance team in helping support the utilization of new systems and implementation of multiple interventions. While the implementation of PWTF may have been easier and quicker if DPH had required more adherence to specific interventions and data collection systems, it would not have allowed local communities to develop a model that best aligns with their organizational requirements, circumstances and needs.

"I believe that public health is a critical piece of the overall health of individuals and the Commonwealth. And I firmly believe that we can continue leading the nation with innovations that keep us amongst the healthiest states in the country,"
-Commissioner Monica Bharel

Robust technical assistance is needed to support the PWTF model.

In the preliminary staffing plan, DPH planned for three people to support the nine partnerships, implementing four priority conditions and 18 interventions. This staffing model did not allow for detailed support on the interventions of PWTF.

Additionally, community-based organizations, less familiar with robust data collection systems, need support as they build and implement such systems. DPH responded to these realities by redesigning its staffing model and dedicating more resources to technical assistance. Now with a six person technical assistance and new management positions, DPH is providing additional support to the partnerships.

The four-year time frame of PWTF has presented opportunities and challenges.

The need to implement prevention strategies that improve health and reduce costs is urgent. The Prevention and Wellness Trust Fund was designed to respond to this urgent need by focusing on health conditions where there were known evidence-based interventions where results could be seen within a four year timeframe.

Partnerships are implementing these interventions and more than 4,000 referrals have already been made. The evaluation of these interventions is beginning and we will be able to see preliminary results by the end of the four year timeframe.

However, the impact of the model of linking clinical and community care and focusing on “upstream” prevention efforts to promote health will not be fully demonstrated by June of 2017 and the opportunity for deeper and more sustained impact is still in front of us.

Looking Forward to 2016

This implementation year saw significant success with a large number of clinic-to-community referrals, a robust implementation of e-Referral, and the engagement of employers on worksite wellness. In 2016, there will be greater impact on communities and individuals as implementation continues. In addition, the Prevention and Wellness Advisory Board will explore options for sustaining PWTF statewide and locally.

Lastly, external evaluators have been engaged for both the grantee program (Harvard Catalyst) and the Working on Wellness Initiative (University of Massachusetts at Lowell). The independent evaluations of the PWTF Grantee Program and the Worksite Wellness Initiative will help document the success of these efforts in improving outcomes and controlling costs.